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# Information for patients Pincam



# Orthotics

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#### Pincam Brace

A foot and ankle brace which provides range of movement (ROM), control to the ankle. Pincam walkers are prescribed for the following:

- Conservative or post-surgical treatment of ruptured Achilles tendon
- Post ligament, soft tissue and tendon injury and/or surgery

Your Pincam walker will be prescribed by your consultant and fitted by an Orthotist. It consists of a plastic and metal frame with a range of movement dial (which will be set up by the Orthotist) and a foam liner. It is held on with Velcro straps.

## Wearing of your Pincam walker

For hygiene purposes you should always wear a sock with your Pincam walker and it should be worn 23 hours a day. You may remove the Pincam daily to wash your foot, change your sock, and wipe down the brace with damp cloth/wipe and towel dry.

When removing the Pincam walker it is **very important that you maintain the position** that your ankle is in within the brace. Please ensure that you do not weight bear whilst the Pincam is removed.

Also check your skin for any red marks or rubs. It is normal for there to be red marking usually where the straps have been fastened but these should disappear in 30 - 45mins.

If the marks are persistent contact The Department of Orthotics straight away.

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### Putting on and removing your Pincam walker

To put on your Pincam walker first ensure you are wearing a sock. Open all the straps and foam lining. Place your foot all the way back in to the Pincam walker ensuring the heel is flat on the bottom. Fold the foam liner front flaps over each other and secure with the Velcro attached. Next fasten the three straps over the leg and two over the foot securely, you shouldn't be able to move your leg or foot in the brace but you should still be able to wriggle your toes.

#### Treatment Plan

Treatment plans vary from patient to patient and are decided on by your consultant team. Your consultant will advise you on the length of time you will likely need to use your Pincam walker and whether you require surgery or any other treatments.

#### A typical treatment plans is as follows:

- First two weeks your pincam will be blocked at 30 degrees of plantarflexion (foot pointed down). You will have limited movement of your foot and ankle. You will be able to further point your toes but you won't be able to dorsiflex (bring your toes to your nose). During this time you will be non-weight bearing
- Weeks 3-4; your Pincam walker will be adjusted by the Orthotist/or member of the consultants team. The plantarflexion will be reduced to 15 degrees; you will be able to move you ankle more but will continued to be non-weight bearing
- Weeks 5-6; your Pincam will be adjusted to neutral (foot and ankle at 90 degrees to each other) and you will be allowed to begin weight bearing
- Weeks 7-8; Pincam will be removed. At this point your consultant will refer you for Physiotherapy who will provide you exercises to continue your rehabilitation